



IDAHO DEPARTMENT OF
HEALTH & WELFARE

C.L. "BUTCH" OTTER - Governor
RICHARD M. ARMSTRONG - Director

TAMARA PRISOCK - ADMINISTRATOR
DIVISION OF LICENSING & CERTIFICATION
DEBRA RANSOM, R.N., R.H.I.T., Chief
BUREAU OF FACILITY STANDARDS
3232 Elder Street
P.O. Box 83720
Boise, ID 83720-0009
PHONE 208-334-6626
FAX 208-364-1888

December 9, 2015

Jordan Snedaker, Administrator
Golden Age Heritage Home
PO Box 47
Preston, ID 83263

License #: RC-467

Dear Mr. Snedaker:

On October 22, 2015, a Fire Life Safety Survey was conducted at Golden Age Heritage Home. As a result of that survey, deficient practices were found. The deficiencies were cited at the following level:

- Non-core issues, which are described on the Punch List, and for which you have submitted evidence of resolution.

This office is accepting your submitted evidence of resolution.

Should you have questions, please contact Sam Burbank, Health Facility Surveyor, Facility Fire Safety and Construction Program, at (208) 334-6626, option 3.

Sincerely,

Sam Burbank
Health Facility Surveyor
Facility Fire Safety & Construction Program

SB/lj



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November 03, 2015

Jordan Snedaker, Administrator
Golden Age Heritage Homes
PO Box 47
Preston, ID 83263

Dear Mr. Snedaker:

On October 22, 2015, a Fire Life Safety and Sanitation Licensure survey was conducted at Golden Age Heritage Homes.

The enclosed form, stating no core issue deficiencies were cited during the survey, is for your records only and need not be returned.

Please bear in mind that in the two buildings, a total of seven (7) non-core issue deficiencies were identified on the punch list and two (2) were identified as repeat punches. As explained during the exit conference, the completed punch list form and accompanying proof of resolution (e.g., receipts, photographs, policy updates, etc.) needs to be submitted to our office no later than November 23, 2015.

Please ensure the facility is continually monitoring its compliance with state rules, as further repeat punches identified during future surveys could result in enforcement actions including:

- a. Issuance of a provisional license
- b. Limitations of admissions to the facility
- c. Hiring a consultant who submits periodic reports to the Licensing and Certification
- d. Civil monetary penalties

Our staff is available to answer questions and to assist you in identifying appropriate corrections to avoid further enforcement actions. Should you require assistance or have any questions about our visit, please contact us at (208) 334-6626, option 3.

Sincerely,

MARK P. GRIMES
Program Supervisor
Facility Fire Safety & Construction Program

SB/lj

Enclosure

NON-CORE ISSUES

Facility	License #	Physical Address	Phone Number
Golden Age Heritage Home	RC-467	PO Box 47	208-852-2273
Administrator	City	Zip Code	Survey Date
Jordan Snedaker	Preston	83263	
Survey Team Leader	Survey Type		Response Due
Burbank, Sam	Fire Life Safety and Sanitation Licensure		
Administrator Signature	Date Signed		

Item #	Rule	Description
0	.405.01.a. Electrical Installations and Equipment.	<p>BUILDING 1: (155 East 3rd North)</p> <p>1) Beauty shop using a three to one (3-1) multiple plug adapter 2) Rm #4 - Microwave plugged into relocatable power tap 3) Rm #11 - Oxygen concentrator plugged into a relocatable power tap Rm #12 - Four to one 4-1 multiple plug adapter - non grounded 4) No 30-second monthly or 90 minute annual documentation for emergency lighting (Repeat) 5) Three emergency lights with dead batteries 6) Laundry Rm open 2"x4" electrical box with exposed wires (Repeat - cited in 2014)</p>
1	.405.01.b. Electrical Installations and Equipment.	<p>BUILDING 2: 175 East 3rd North</p> <p>Six to two multiple plug adapter @ water heater closet</p>
2	.405.05.f. Structure, Maintenance, Equipment to Assure Safety.	<p>BUILDING 2: 175 East 3rd North</p> <p>Bedroom #8 equipped with a portable electric heater - fireplace</p>
3	.405.03. Medical Gases.	BUILDING 1: 155 East 3rd North

		<p>1) Bedroom North 7 - (5) Unsecured Oxygen cylinders (Owner place in rack at the time of the survey)</p> <p>2) Bedroom North 13 - (1) Unsecured Oxygen cylinder</p>
4	.415.05. Automatic Fire Extinguishing System Service and Testing.	<p>Buildings 1 and 2</p> <p>1) No Quarterly flow tests (Building 1 on NFPA 13 system; Building 2 on NFPA 13R system)</p> <p>2) No five year internal inspection(s)</p> <p>BUILDING 1: 155 East 3rd North</p> <p>1) Anti-Freeze solution on Glycerin loop shows over concentration of 51%</p> <p>2) Backflow Drain of main Riser - Drain not connected</p> <p>5) Counted twelve corroded sprinkler heads in facility from evidence of leaking - determined a systemic condition.</p>
5	.410.02. Fire Drills.	<p>BUILDINGS 1 & 2 155 and 175 East 3rd North</p> <p>Missing Fire drills for 2nd and 3rd shift 3rd Quarter 2015 (Repeat)</p>
6	.405.05. Structure, Maintenance, Equipment to Assure Safety.	<p>BUILDING 2: 175 East 3rd North</p> <p>1) Door to bedrooms 2/3 not latching</p> <p>2) Open wall access @ (3) bedrooms - radiant heat loops</p>
7	.750.01. Fire Drill Documentation.	<p>BUILDINGS 1 & 2 155 and 175 East 3rd North</p> <p>Administrator will assure Fire drills are conducted</p>



Facility Name GOLDENAGE HERITAGE HOMES	Physical Address 155 EAST 3RD NORTH	Phone Number 208-852-2273
Administrator JORDAN SNEDEKNE	City PRESTON	ZIP Code 83263
Survey Team Leader SKIN BURBANK	Survey Type FLS	Survey Date 10/22/15

NON-CORE ISSUES

ITEM #	RULE #	DESCRIPTION	DATE RESOLVED	L & C USE
	16.03.22	PAGE 1 OF 2		
1	405.01	1) BEAUTY SHOP USING A 3-1 MULTIPLE PLUG ADAPTER	10/29/15	SB
		2) RM # 4 - MICROWAVE PLUGGED INTO RELOCATABLE POWER TAP	10/29/15	SB
		3) RM # 11 OXYGEN CONCENTRATOR R# PLUGGED INTO RELOCATABLE POWER TAP	10/29/15	SB
		3) RM # 12 4-1 MULTIPLE PLUG ADAPTER - NON GROUNDED	10/29/15	SB
		4) NO 30- MIN SECOND 90 MINUTE DOCUMENTATION FOR EMERGENCY LIGHTING (REPEAT)	10/29/15	SB
		5) THREE EMERGENCY LIGHTS WITH DEAD BATTERIES	10/29/15	SB
		6) LAUNDRY RM ORBN 2"x4" ELECTRICAL BOX WITH EXPOSED WIRES (REPEAT - CITED 2014)	10/29/15	SB
2	405.03	1) BEDROOM NORTH 7 - (5) UNSECURED OXYGEN CYLINDERS	10/21/15	SB
		2) BEDROOM NORTH 13 - (1) UNSECURED OXYGEN CYLINDER	10/29/15	SB
3	415.05	1) ANTI-FREEZE SOLUTION ON GLYCERIN LOOP SHOWS OVER CONCENTRATION OF 51%	DELAYED 11/24/15	SB

Response Required Date 11/23/15	Signature of Facility Representative <i>Jordan Snedekne</i>	Date Signed
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Facility Name GOLDEN AGE HERITAGE HOMES	Physical Address 155 EAST 3RD NORTH	Phone Number 208-852-2273
Administrator JORDAN SUTDAKER	City PRESTON	ZIP Code 83263
Survey Team Leader SAM BURBANK	Survey Type FLS	Survey Date 10/22/15

NON-CORE ISSUES

ITEM #	RULE #	DESCRIPTION	DATE RESOLVED	L & C USE
		PAGE 2 OF 2		
	415.05 (CONT.)	2) BACKFLOW DRAIN OF MAIN RISER - DRAIN NOT CONNECTED	DELETED	
		3) NO QUARTERLY SPRINKLER INSPECTIONS PERFORMED	DELETED	
		4) NO RECORD OF 5-YEAR INTERNAL INSPECTION	DELETED	
		5) COUNTED TWELVE CORRODED SPRINKLER HEADS IN FACILITY FROM EVIDENCE OF LEAKING - DETERMINED A SYSTEMIC CONDITION	DELETED 11/24/15	OK
4	410.02	MISSING FIRE DRILLS FOR 2ND & 3RD QTR SHIFT 3RD QUARTER - 2015 - (REPORT)	10/30/15	OK
5	750.01	ADMINISTRATOR WILL ASSURE FIRE DRILLS ARE CONDUCTED	10/30/15	OK

Response Required Date 11/23/15	Signature of Facility Representative 	Date Signed 10-22-15
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Facility Name GOLDEN AGE HERITAGE HOMES	Physical Address 175 EAST 3RD NORTH	Phone Number 208-852-2273
Administrator JORDAN SWADAKA	City PRESTON	ZIP Code 83263
Survey Team Leader SAM BURBANK	Survey Type FLS	Survey Date 10/22/15

NON-CORE ISSUES

ITEM #	RULE # 16.03.22	DESCRIPTION	DATE RESOLVED	L & C USE
1	405.05 (f.)	BEDROOM #8 EQUIPPED WITH PORTABLE ELECTRIC HEATER - FIREPLACE	11/11/15	SD
2	405.05	1) DOOR TO BEDROOMS 2/3 NOT LATCHING	10/20/15	SD
		2) OPEN WALL ACCESS @ (3) BEDROOM RADIANT HEAT LOOPS	10/20/15	SD
3	405.01 (b)	6-2 MULTIPLE PLUG ADAPTER @ WATER HEATER COSET	10/29/15	SD
4	415.05	1) NO CURRENTLY FLOW TESTS ON 13R SYSTEM 2) NO FIVE YEAR INTERVAL TESTING INSPECTION	N/A (30 SYSTEM) N/A (30 SYSTEM)	
5	410.02	MISSING FIRE DRILLS FOR 2ND & 3RD SHIFT 3RD QUARTER 2015 - (REPEAT)	10/30/15	SD
6	750.01	ADMINISTRATOR WILL ASSURE FIRE DRILLS ARE CONDUCTED	10/30/15	SD

Response Required Date 11/23/15	Signature of Facility Representative 	Date Signed 10-22-15
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